

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213526299			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>The Travelers Indemnity Company of Connecticut</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>CT</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2013</b></p> <p>SCC ID NO: <b>F0009607</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;"> <p>ADDRESS: ONE TOWER SQUARE</p> <p>CITY/ST/ZIP: HARTFORD, CT 06183-1190</p> </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: BRIAN W MACLEAN            TITLE: CHRMN/PRES/CEO            ADDRESS: ONE TOWER SQUARE            CITY/ST/ZIP/CO: HARTFORD, CT 06183         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: BRIAN W MACLEAN TITLE: CHRMN/PRES/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN W MACLEAN TITLE: CHRMN/PRES/CEO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: SMITESH DAVE            TITLE: VP&amp; CCA            ADDRESS: ONE TOWER SQUARE            CITY/ST/ZIP/CO: HARTFORD, CT 06183         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: SMITESH DAVE TITLE: VP& CCA ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: SMITESH DAVE TITLE: VP& CCA ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: MARIA OLIVO            TITLE: EVP/TREASURER            ADDRESS: 485 LEXINGTON AVENUE                         SUITE 400            CITY/ST/ZIP/CO: NEW YORK, NY 10017         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARIA OLIVO TITLE: EVP/TREASURER ADDRESS: 485 LEXINGTON AVENUE SUITE 400 CITY/ST/ZIP/CO: NEW YORK, NY 10017	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JAY S BENET            TITLE: VICE CHAIR/CFO            ADDRESS: ONE TOWER SQUARE            CITY/ST/ZIP/CO: HARTFORD, CT 06183         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JAY S BENET TITLE: VICE CHAIR/CFO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAY S BENET TITLE: VICE CHAIR/CFO ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: WILLIAM H. HEYMAN            TITLE: VICE CHAIR/CIO            ADDRESS: 385 WASHINGTON STREET                         SUITE 400            CITY/ST/ZIP/CO: ST. PAUL, MN 55102         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: WILLIAM H. HEYMAN TITLE: VICE CHAIR/CIO ADDRESS: 385 WASHINGTON STREET SUITE 400 CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM H. HEYMAN TITLE: VICE CHAIR/CIO ADDRESS: 385 WASHINGTON STREET SUITE 400 CITY/ST/ZIP/CO: ST. PAUL, MN 55102	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: DOREEN SPADORCIA            TITLE: VICE CHAIRMAN            ADDRESS: ONE TOWER SQUARE            CITY/ST/ZIP/CO: HARTFORD, CT 06183         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: DOREEN SPADORCIA TITLE: VICE CHAIRMAN ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DOREEN SPADORCIA TITLE: VICE CHAIRMAN ADDRESS: ONE TOWER SQUARE CITY/ST/ZIP/CO: HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	GREGORY C TOCZYDLOWSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, PI		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	D. KEITH BELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, ACCTG STND		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	ANDY F. BESSETTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CAO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	CHARLES J CLARKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	JOHN P. CLIFFORD, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, HR		
ADDRESS:	385 WASHINGTON STREET		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55102		
NAME:	WILLIAM E. CUNNINGHAM, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP, BI		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	WILLIAM P. HANNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	485 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	SUITE 400 NEW YORK, NY 10017		
NAME:	MADELYN J. LANKTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CIO		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	DOUGLAS K. RUSSELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CONTROLLER		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	SCOTT W. RYNDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CORP TAX		
ADDRESS:	ONE TOWER SQUARE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06183		
NAME:	ALAN SCHNITZER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR/CLO		
ADDRESS:	485 LEXINGTON AVENUE		
CITY/ST/ZIP/CO:	SUITE 400 NEW YORK, NY 10017		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WENDY C. SKJERVEN SECRETARY 385 WASHINGTON AVENUE ST. PAUL, MN 55102	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH F. SPENCE, III EVP/GEN CNSL 385 WASHINGTON STREET ST. PAUL, MN 55102	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C. BRODY EVP, CLAIM ONE TOWER SQUARE HARTFORD, CT 06183	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ CHARLES J CLARKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		CHARLES J CLARKE, VICE CHAIRMAN PRINTED NAME AND CORPORATE TITLE		6/4/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					